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ABSTRACT

The developmental psychology of adolescence emphasizes the central role of identity formation in the adolescent's transition to adulthood. The images of the adolescent carried by family members and the manner in which they are conveyed play a crucial role in the adolescent's identity development. The Q-Sort of Adolescent Delineations (QAD) is designed to provide clinically salient empirical information about families of adolescents. It is devised on the premise that differences among individual views of family attributes may validly represent different individual experiences, and that such intra-familial differences ought not to be treated as error variance. The QAD is a 36-item Q-sort that assesses six clinically salient aspects of adaptive and maladaptive functioning. It was administered to a sample of 51 families with 14-18-year-old adolescents recruited from a suburban middle class high school. The Quad was administered first to the adolescents and both parents individually, then to all three collectively. Results revealed family members' individual images of the adolescent (including self-image) and the family's manner of resolving or maintaining divergences in their views. Psychometric analyses showed adequate internal consistency reliabilities and inter-cluster correlational structure. What makes for the clinical utility of the results is the structure of the assessment--the gathering of independent individual views followed by the collective task, each along dimensions salient for both clinicians and family members, and gathered by means of a standard format and item set. (ABL)

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Family Images of the Adolescent: An Empirical Method for Clinical Assessment

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Abstract

A method is described for the assessment of family members' individual and collective images of the family's adolescent. The Q-Sort of Adolescent Delineations (QAD) is a 36-item Q-sort that assesses six clinically salient aspects of adaptive and maladaptive functioning. It is administered to the adolescent and to both parents individually, then to all three collectively. Results reveal family members' individual images of the adolescent (including self-image) and the family's manner of resolving or maintaining divergences in their views. Psychometric analyses from a 51-family sample show adequate internal consistency reliabilities and inter-cluster correlational structure. A family case illustrates the clinical relevance of QAD results.

Family Images of the Adolescent:
An Empirical Method for Clinical Assessment

The developmental psychology of adolescence emphasizes the central role of identity formation in the adolescent's transition to adulthood (Erikson, 1968). Individuation and separation from parents, the shifts in emotional attachment to persons outside the family, and the evolution of autonomous functioning can proceed smoothly only where the adolescent's sense of self is gaining strength and coherence (Blos, 1967).

The images of the adolescent carried by family members and the manner in which they are conveyed play a crucial role in the adolescent's identity development (R. Shapiro, 1967). Parental curiosity about who the adolescent is becoming, the capacity to tolerate variation and uncertainty, and the ability to view the adolescent realistically under most conditions are family resources that facilitate identity formation (E. Shapiro, 1983).

Because family conditions where parental interest is constricted or where images of the adolescent are distorted and rigidified can lead to developmental arrest and psychiatric symptomatology, the images of the adolescent that are held by family members are of particular interest in the evaluation and treatment of adolescent psychopathology.

Object relations theory stresses the role in family life played by individuals' internalized images of one another (Scharff & Scharff, 1987). In our clinical work we often find, as well, that those images are reflected in how the family functions in regard to the adolescent. With few exceptions, however, these clinical and theoretical formulations have not been explored empirically. The assessment method described in this paper offers an empirical method with which to study these family processes systematically.

The Q-Sort of Adolescent Delineations (QAD) is designed to provide clinically salient empirical information about the families of adolescents. It is devised on the premise that differences among individual views of family attributes may validly represent different individual experiences, and that such intra-familial differences ought not be treated as error variance (cf., Feldman, Wentzel & Gehring, 1989). Hence, discrepancies among individual images of the family's adolescent are important data, as is the family's manner of dealing collectively with their individual images. Important aspects of family system functioning are expressed in how family members work together to represent the adolescent's attributes.

The Q-Sort of Adolescent Delineations

The QAD, like all Q-sorts (Block, 1978; Stephenson,

1953), is a rank-order technique in which the respondent arranges in rank order a number of descriptive items to characterize a target individual. The QAD consists of a set of 36 brief and simple descriptive items (Table 1). The respondent arranges the 36 items on a fixed, 15-level, quasi-normal Q-sort array with the items "most characteristic" of the target individual at the top of the array, the items "least characteristic" at the bottom, and so on. Item rankings are then entered onto a computer template for analysis.

The 36 items comprise six bipolar clusters, each representing a clinically significant dimension of functioning. The six clusters are: Family Alienation--Family Affiliation; Narcissistic--Other-Directed; Ego Weakness--Ego Strength; Schizoid--Related; Antisocial--Prosocial; and Cognitive Compromise--Cognitive Strength (Note 1).

Insert Table 1 about here

Clusters are designed in counterbalanced, bipolar fashion. The first three items of each cluster (the subcluster) express aspects of maladaptive or deficient functioning (e.g., "Acts without thinking"). The second three items (the countercluster) express aspects of adaptive functioning, these items expressing meanings

approximately opposite the first three items (e.g., "Thinks ahead"). Hence, a target individual can be described as showing compromised functioning (maladaptive items ranked high) or healthy, adaptive functioning (adaptive items ranked high). Items seen as not salient for the adolescent will tend to fall in the mid-range of the distribution.

The QAD called for items that express aspects of adolescent adaptation and deficit that should be observable and salient for family members. And, because the QAD is intended for assessment of troubled adolescents and their families, items and clusters were designed to express the characterologic and behavioral traits associated with this population (e.g., impulsivity; Note 2).

The QAD is administered as follows. In separate rooms, mother, father, and adolescent complete the QAD to describe the adolescent (including adolescent self-rating). After all three have completed their individual QAD ratings, they are seated together and instructed to complete the QAD describing the adolescent again, this time working together. They are given no information about how one another arrayed QAD items individually.

From the 36 item placements (rankings) in each of the four QAD administrations (by mother, father,

adolescent, and the collective) there are produced the following three categories of data.

Item Ranks. Each item receives a rank score from 1 to 15 according to the level at which it is placed, with a score of 1 indicating that the item was ranked at the top, or "most characteristic," and a score of 15 indicating that the item was placed at the bottom, or "least charateristic."

Cluster/Disparity (C/D) Scores. The six C/D scores represent in summary fashion the extent to which the adolescent is perceived as exhibiting each cluster's attributes, for example, Ego Weakness or its opposite, Ego Strength. The C/D score represents the overall balance in rankings between deficit-related items (e.g., "Acts without thinking") and adaptation-related items (e.g., "Thinks ahead"; Note 3).

A positive C/D score means that the deficit items in that cluster were ranked higher (more characteristic) than were the adaptation items. Conversely, a negative C/D score means that the adaptation items were ranked higher on the array than were the deficit items. A C/D score near zero indicates that the sum of deficit item rankings is approximately equal to the sum of adaptation item rankings. Any given C/D score can be assessed relative to normative statistics (by rater) on C/D

scores. A C/D score more than two stadard deviations above the mean is taken as significant.

Intercorrelations. Because the QAD consists of a fixed set of items and a fixed distribution, any two QADs can be statistically correlated (Note 4).

The correlations among family members' QAD ratings of the adolescent indicate the degree of overall correspondence in family members' images of the adolescent. The first three correlations indicate the extent of agreement or disagreement between mother's and father's views and between the adolescent's own and each parent's view. An additional three correlations express comparisons between individually-produced QADs and the family-produced collective QAD.

Psychometric Evaluation

The stability of the QAD was assessed through a set of 36 staff test-retest ratings (five-day interval) of hospitalized adolescents who had been known for longer than three months. The mean test-retest reliability was .80 (Note 5).

Two internal psychometric properties of the QAD were assessed from a sample of 51 families with 14 to 18 year-old adolescents recruited from a suburban middle-class high school. These were: the extent to which

items in each cluster actually cluster together, and the extent to which the six clusters covary among themselves.

The internal consistency reliability of the six clusters was assessed for each of the four groups of raters (mothers, fathers, adolescent self-ratings, and family ratings). Table 2 presents Cronbach's alpha (Cronbach, 1951) for each cluster by rater, as well as the mean alpha for each cluster. Mean cluster reliabilities (across raters) ranged from .59 for the Antisocial cluster to .80 for the Schizoid cluster. When cluster alphas were computed on the basis of composite item ranks (item scores averaged across family members for each case), alphas were higher, as expected (Block, 1978), ranging from .71 to .86.

Insert Table 2 about here

The correlations among the six QAD clusters were assessed in two ways. First, on the basis of composite item rankings, a 12 X 12 matrix correlated each three-item cluster (subclusters and counterclusters) with each of the other 11 three-item clusters. Mean inter-cluster correlations are displayed on the top half of Table 3.

The correlational structure of the QAD was also analyzed by rater. C/D scores for the six clusters were intercorrelated for each of the four raters. Mean C/D score correlations are displayed in the bottom half of Table 3.

Insert Table 3 about here

The construct validity of the QAD was also investigated. Among the demographic variables assessed--student age, sex, grade, and gender, each parent's highest level of education, current occupation, and relationship to student--none was associated with any QAD variables ($p>.10$).

Convergent validity involved relationships of QAD C/D scores and intercorrelations with two independent measures. The first was the Parent-Adolescent Communication scale (PAC; Olson, et al., 1982). The PAC is a 20-item, Likert-type self-report instrument in which adolescent, mother and father each individually report their perception of parent-adolescent communication. National norms are available. It produces five scores: the adolescent's ratings of communication with mother and with father, each parent's rating of communication with the adolescent, and a family mean communication score.

Several QAD scores were significantly associated with PAC scores, all in the expected directions ($p<.05$, two-tailed tests). The Alienation cluster, for example, which might be expected to be most sensitive to family communicaiton strengths and deficits, predicted four of the five PAC scores, with correlations ranging from .36 to .71. The Ego Weakness and Cognitive Compromise clusters both predicted each parent's PAC scores and the family mean communication score.

The degree of agreement among family members on the QAD also predicted PAC scores. In families with better agreement between the adolescent's and either the parent's individual views or the family's collective view of the adolescent, parent-adolescent communication was found to be more satisfactory on the PAC.

The second test of convergent validity involved the "In-counseling" variable that expressed whether or not the adolescent was "currently in regular counseling or psychotherapy." Being in counseling predicted higher scores on four of the six QAD C/D scores--Alienation, Ego Weakness, Antisocial, and Cognitive Compromise (r's from .33 to .71). In addition, adolescents involved in counseling had significantly lower levels of agreement between their own and their mothers' QAD ratings of them.

Reading QAD Results: Clinical Case Illustration

Karen was 16 years old, the eldest of three daughters, and had been living at a residential school for six months prior to hospitalization. She had a worsening history of running away, failing in school despite good intelligence, drug and alcohol abuse, sexual promiscuity, lying, and stealing.

The family had been in crisis for several months, with Karen's father responding to Karen's untoward behaviors with strictness and episodic violence. More recently he attempted to manage the situation by absenting himself from the family, working seven days a week. Karen's mother despaired over these battles and reported that she herself was becoming depressed and suicidal as a result. Karen and her mother both stressed that they were very close emotionally. Mother stated, for example, that with Karen away at school she felt "numb" and, "as if I lost part of myself."

Mother, father, and Karen each produced very different QAD views of Karen, almost as if they were describing different individuals. This is revealed statistically in low and negative correlations among their three QADs. Mother's and father's QAD descriptions of their daughter correlated only .35; mother's and Karen's correlated .07; and father's and Karen's correlated -.38! The reported chaos and turmoil

in the family over the preceding months appear to be reflected in the array of disparate images of the adolescent.

Father's QAD describing Karen identifies several areas of distinct impairment in Karen's functioning, including in clusters Alienation, Narcissism, Ego Weakness, Sociopathy, and Cognitive Compromise. This is reflected in high C/D scores on this cluster (Table 4). The C/D score of 28 in the Ego Weakness cluster, for example, is approximately three standard deviations above the mean score (9.44) for this cluster rated by fathers. Ranked at the top three levels of father's QAD array were items: "Acts in ways harmful to self," "Dishonest," and "Uses poor judgment." Mother's QAD, however, identifies compromised functioning in only three clusters, and even then she sees far less dysfunction than does father. Mother's two highest ranked items were "Generous" and "Involved with others."

Insert Table 4 about here

Karen's self-view is even more positive than mother's, with no areas of impairment identified. She sees herself as particularly well adjusted, for example,

as directed to the needs of others (opposite of narcissistic) and having good ego strength. Karen saw her own most salient characteristics as: "Good judgment," "Friendly," "Thinks clearly," and "Realistic in thinking." As reflected in the correlations above, Karen's image of herself is markedly at odds with how her father sees her, and is essentially uncorrelated with her mother's view.

The collective QAD results (Table 4) are: The only area of potential difficulty identified is in the Alienation cluster, the C/D score of 12 being two standard deviations above the mean of -8.86. The overall view of Karen that emerges is similar to the self-descriptive QAD Karen produced by herself. The marked deficits expressed in father's view are absent.

The correlations of the three independently produced QADs with the collective QAD reflect how much influence on the collective view is exerted by each of the three independent views, i.e., whose view holds sway within the family group and whose view gives way. Karen's independent QAD correlates strongly (.66); mother's correlates weakly (.26); and father's QAD appear to exert little influence (-.07). Within this family system, Karen appears to be in charge regarding the family's image of her. Her parents' views--

especially her father's--are either unexpressed in her presence or carry little weight in shaping the collective, family image of the adolescent.

Clinically salient family dynamics appear to be expressed in these data, and lead to hypotheses about family functioning. When the three work together regarding Karen's attributes, the adolescent is in charge. Father's perceptions, which seem best to reflect the troubled history that brought Karen to the hospital, are unaddressed or extruded in this family process. Hence, Karen's developmental need for parents to confront her with the realities of her destructive behaviors cannot be met by her father. Her mother, even on her own, seems to recognize much more tentatively the deficits in Karen's functioning, and thus may not be able sufficiently to help her daughter test reality. An alliance between the parents, with shared understandings about crucial aspects of their daughter's functioning, appears nonexistent. Hence, they cannot work together to aid their daughter appreciating of the significance of her actions.

Hypotheses about family functioning can be furthered by item-level analysis, that is, by checking the rank scores of particular items. There are two general indications for which item ranks to examine.

First, a significant C/D score should be investigated to determine which items contributed to the score. For example, Karen's father's QAD description produced a high Ego Weakness C/D score; and checking item ranks shows the item "Acts in ways harmful to self" ranked at the top. The same logic applies to items placed at low levels. Item-level analysis moves the family assessment beyond the numerical representation of perceived attributes, to the level of specific attributions stated in plain English. This level of specificity provides an accessible starting point for discussion and for clinical intervention.

The second indication for which item ranks to examine is when an item is judged by the clinician to be especially pertinent for the family being evaluated. For example, in the case of an adolescent who heavily abused drugs and alcohol and who had been arrested for reckless driving, the item "Acts in ways harmful to self" should be of special interest. The placements of an obviously salient item reflect family members' capacities to acknowledge what is problematic but true about the adolescent. Following that item from the individual QADs to the collective QAD reveals the fate of that attribution in the context of the family system. Occasionally one or more family

members rate an obviously salient deficit item high on their individual QADs, but then fail to have that item ranked high in the collective QAD. This outcome reflects an inability at the level of the family group to acknowledge the reality of the adolescent's actions.

Discussion

The insularity between researchers and clinicians in the family field (Lebow, 1988) arises out of difficulties intrinsic in efforts to develop psychometrically sound measures of clinically meaningful constructs. Measures that appear scientifically respectable are often criticized by clinicians as providing superficial information or summary scores that cannot begin to capture the complexity of actual family processes (e.g., Kazak, Snitzer, & Jarmas, 1988).

The family processes of interest to those of us who must make clinical interventions typically involve theoretical constructs at high levels of abstraction. And while such constructs are accessible and meaningful in clinical practice, their empirical assessment is unlikely. The challenge is to identify components of such clinical constructs that (a) capture essential aspects of family processes that are clinically meaningful, and (b) are empirically and reliably accessible.

The QAD represents an effort to generate empirical data about clinically relevant family processes. In the developmental psychology of adolescence, in psychoanalytic formulations, and in our own clinical experience, images of the adolescent (including self-image) play a key role in family processes. Aspects of healthy family functioning (e.g., parental flexibility) as well as compromised functioning (e.g., lack of curiosity, denial) are reflected in the family attributions about the adolescent and how they are managed collectively.

The QAD generates samples of individual and collective family behavior which can be taken as one basis for inferences about family functioning. The specificity allowed with this method (i.e., item-level analysis) provides information that is immediately meaningful to clinicians and to family members.

The clinical application of the QAD must proceed with a clear view of the instrument's limited data base. Psychometric properties (e.g., cluster internal consistencies) and normative data are based on one study in a single, middle-class high school. The difficulties in studying large samples of adolescents together with their parents for an hour will likely continue to limit the sample size of such studies.

The dimensions along which the adolescent can be delineated are limited by the particular item clusters we have developed. No doubt the images that family members hold of the family's adolescent are far more complex than those captured in this assessment. The strength of this method lies not in its particular items or in its six dimensions of adolescent attributes. Rather, what makes for the clinical utility of the results is the structure of the assessment--the gathering of independent individual views followed by the collective task, each along dimensions salient for both clinicians and family members, and gathered by means of a standard format and item set.

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Footnotes

1. Items were initially developed for an earlier version of the QAD on a rational basis. That is, for each cluster heading (e.g., "Narcissism") items were selected that expressed as closely as possible the intended meaning of that cluster heading, within the constraints of: (1) being able to state that meaning in plain English, and (2) the three items should express somewhat different aspects of the intended characterologic or behavioral trait. Two revisions have raised the internal consistency of the clusters and have lowered inter-cluster correlations.

2. There are numerous dimensions of adolescent functioning that might be both clinically relevant and salient for family members. The QAD assesses images along a limited subset of these possible dimensions. The dimension autonomy-dependency, for example, is an important developmental aspect of adolescent functioning. Difficulty in deriving reliable item sets, however, has precluded assessing that dimension in the current QAD.

Within each cluster, item sets do not tap every important aspect of a given trait. The item set for the Narcissism cluster, for example, includes aspects of self-centeredness and entitlement, but not the diagnostic feature of grandiosity--a less observable cognitive feature familiar to clinicians.

3. The C/D score represents the difference in the sums of rank scores between the deficit-related, subcluster items and the adaptation-related countercluster items. The C/D score is arithmetically equivalent to the sum of subcluster and countercluster rank scores with the countercluster items reverse-scaled. Scoring procedures for C/D scores and intercorrelations are explained in Young and Klein (1989). The arithmetic operations involved in deriving C/D scores and intercorrelations are performed on a template devised for a popular computer spreadsheet program. Normative statistics for the six C/D scores by each of the four raters are available from the author. Means and standard deviations allow for the assessment of the significance of particular C/D scores. See the case illustration for example.

4. Block (1978) notes that, strictly speaking, Kendalls tau is probably the most appropriate statistic to assess the overall correspondence between two Q-sorts. For most Q-sort distributions, however, the difference between Pearson's r and tau is negligible; and, r being more readily computed and interpreted, it is the preferred statistic for measuring the correspondence between Q-sorts.

5. Study data are available from the first author.

6. The diagonal column coefficients, correlating each subcluster with its respective countercluster, are not equal to 1.00 because the subcluster and counterclusters, as intended, do not correlate (negatively) perfectly.

7. Item analysis revealed that much of the overlap involving the Antisocial--Prosocial cluster with the other two clusters is due to the single item "Reckless." This same item is also largely responsible for suppressing the internal consistency of that cluster (.59), having a mean intra-cluster correlation of just .098.

Table 1

Cluster Headings and Items

Alienation from Family--Affiliation with Family	
Different from family	Like Other Family Members
Hard to Understand	Can be Understood
Communicates Poorly with Family	Good Communication with Family
Narcissism--Other-Directed	
Doesn't Care about the Needs of Others	Pays Attention to the Needs of Others
Self-Centered	Generous
Expects to be Given Whatever He/She Wants	Thoughtful of Others
Ego Weakness-Ego Strength	
Acts Without Thinking	Thinks Ahead
Actions Often Controlled by Feelings	Good Control of Emotions
Acts in Ways Harmful to Self	Tries to Stay Healthy and Safe
Schizoid--Related	
Guarded	Shares Thoughts and Feelings with Others
A Loner	Friendly
Detached from Others	Involved with Others

(table continues)

Subcluster Items	Countercluster Items
Antisocial--Prosocial	
Reckless	Respectful toward Others
Dishonest	Honest
Unfair in Dealing with Others	Fair toward Others
Cognitive Compromise--Cognitive Strength	
Uses Poor Judgment	Good Judgment
Confused Thinking	Thinks Clearly
Influenced by Imagination	Realistic in Thinking

Table 2

Cluster Internal Consistency Reliabilites

(Cronbach's alpha) by Rater

	Rater				
Cluster	Mother	Father	Adolesc.	Collect.	Mean
Fam. Alien.	.69	.65	.73	.74	.70
Narcissism	.81	.81	.67	.78	.77
Ego Weak.	.67	.80	.72	.67	.72
Schizoid	.85	.82	.70	.82	.80
Antisocial	.56	.82	.40	.58	.59
Cognitive	.79	.83	.64	.70	.74

Table 3

Inter-Cluster Correlations: Mean 3-Item Correlations (Top Right) and Mean C/D Score Correlations (Bottom Left)

	Cluster					
	Fam.	Narci.	Ego W.	Schiz.	Antiso.	Cog. C.
Fam.	.88	-.15	.05	.30	.07	.21
Narci.	.00	.85	.08	.02	.26	.02
Ego W.	.25	.12	.91	-.28	.59	.56
Schiz.	.46	.24	.06	.85	-.08	.06
Antiso.	.04	.35	.47	.04	.84	.49
Cog. C.	.33	.05	.61	.03	.31	.78

Additional information is contained in the separate matrixes of correlations among C/D scores. Fathers' QADs show higher inter-cluster correlations than do those of other raters. The six C/D scores produced by fathers correlate an average of .42. By contrast, mothers', adolescents', and the collectives' C/D score correlation means were .23, .20, and .24, respectively. Fathers' QAD images of their adolescents, therefore, appear to be less differentiated on this instrument than those of other raters.

While the magnitude of inter-cluster correlations by fathers tends to be greater, the pattern is the same as

(table continues)

that expressed in both halves of Table 3. Three of the 15 inter-cluster correlation coefficients--those among clusters Ego Weakness, Antisocial, and Cognitive Compromise--stand out as higher than the remaining 12 .

Item analysis revealed that much of the overlap involving the Antisocial--Prosocial cluster with the other two clusters is due to the single item "Reckless." This same item is also largely responsible for suppressing the internal consistency of that cluster (.59), having a mean intra-cluster correlation of just .098.

Table 4

Case Illustration: C/D Scores* by Rater

Cluster	Rater			
	Mother	Father	Adolescent	Family
Fam. Alien.	1	18	10	12
Narcissism	-13	6	-22	-31
Ego Weakness	18	28	-11	0
Schizoid	-34	-5	-26	-26
Antisocial	7	22	-16	-7
Cognitive Comp.	11	23	-23	-14
Sum**	-10	92	-88	-66

* range = -40 - +40.

** range = -240 - +240.